

Marmottes Sassièrè/ Marmots Sassièrè

Date: 11/06/2015 Time: 10 h 20 N° fiche/sheet: 264 Opérateur/ Handling: Cohas N° individu: 1254 capture id: 9499

Territoire: Bpac
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 3525.

L. mandibule / Jaw (mm) 68,98

L. Patte ant. / Forefoot (mm) 55,99

L. Cubitus / Ulna (mm) 85,55.

L. Patte post. / Hindfoot (mm) 79,64

L. Tibia (mm) ~~98,88~~ → 98,88

L. TC / Body length (cm) 46

Larg. Tête zygomatique / Zygomatic width (mm) 62,65.

Larg. Bassin / Basin width (mm) 65,40

Dist. Ano-Génitale (cm) (marmotton/pup only) X

Marking

Transpondeur n° φφφ 6 F3E 484

Metal n° ~~φφφ~~ Kφ2φ2 Oreille / ear OD Paint

Plastic n° 75 Oreille / ear OG color Blanc

Implant yes no

Age


0 Marmotton Pup
1 an Yearling



2 ans 2 years old
≥ 3 ans 5 ≥ 3 y


Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy 

TV / Green tube  


TR / Red tube 


Frotti / Blood smear


Eurytic 1.87 × 10⁶

Leucotic 8.85 × 10⁵

Hematocyte

Jugal 

Bucal 



Anal 

Statut Repro


Male Scrotal yes no unknown

Female Allaitante yes Lactating no unknown

Gestante yes Pregnant no unknown

Hemato TV extract: n°  TR extract: nb:  Htot: 571. Hematie: _____

Remarques / remarks

Extraction GB 

Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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Comments:				

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaïne): _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Comments: